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Senate

The Senate was not in session today. Its next meeting will be held on Friday, October 13, 2017, at 8:30 a.m.

House of Representatives

THURSDAY, OCTOBER 12, 2017

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. BYRNE).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
October 12, 2017.

I hereby appoint the Honorable BRADLEY BYRNE to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 11:50 a.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

OPIOID CRISIS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, Dana Milbank had an interesting col-

umn in the morning Post about the feckless congressional response to the opioid crisis. Both the administration and Congress have been good at hyping the crisis, but when it comes time to actually taking action, almost nothing happens.

The failure to protect our citizens is appalling, especially since most of the opioid crisis is a result of failed public policies. We have spent over \$1 trillion on a failed war on drugs that concentrates on prohibition and punishment instead of treatment, which would help people break the cycle of addiction.

The challenges that drove people to abuse opioids in the first place, like chronic pain, depression, and lax policies prescribing vast quantities of ever-more powerful opioids, should never have been allowed to happen in the first place. It was a public policy failure of government, the industry, and, sadly, some unscrupulous practitioners that allowed the addiction genie out of the bottle.

When denied access to opioids, people, understandably, turn to heroin and other damaging and addictive drugs because they were trapped by these powerful forces. Few people willingly damage their bodies and destroy their families and careers, if not for powerful forces beyond their control.

As appalling as this failure is, what is even worse is that we fail to take reasonable, commonsense steps to stop it. The easiest solution is to provide more access to medical marijuana, already available in 28 States. This availability, by the way, has been driven as

a result of citizen action and not politicians, who have too often been afraid to touch it.

The evidence is powerful and overwhelming. Where there is access to medical marijuana to treat the problems that drove people on the path to addiction in the first place, there are fewer pills prescribed and overdose deaths drop.

It is clear that using medical marijuana is as effective, or perhaps even more effective, than opioids to treat pain. They cause less damage to people's health and are far less costly than pharmaceuticals. I provided the subcommittee taking testimony with the facts and citations that would justify digging deep into this potential solution.

Cannabis reduces overdose deaths, reduces opioid consumption, and it can prevent dose escalation and the development of opioid tolerance, which leads to that cycle, and too often, tragically, opioid deaths: 175 people a day.

As my friend, GREG WALDEN, pointed out in the subcommittee hearing yesterday, more people die in Oregon from opioid overdose than traffic accidents.

More benefits, fewer side effects, lower costs.

Mr. Speaker, I include in the RECORD the evidence I gave to the Subcommittee on Health yesterday.

PHYSICIAN GUIDE TO CANNABIS-ASSISTED OPIOID REDUCTION

(Prepared by Adrienne Wilson-Poe, Ph.D.)

Cannabis reduces opioid overdose mortality.

In states with medicinal cannabis laws, opioid overdoses drop by an average of 25%.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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This effect gets bigger the longer the law has been in place. For instance, there is a 33% drop in mortality in California, where compassionate use has been in place since 1996.

This finding was replicated by Columbia's school of public health, using a completely different analysis strategy.

Cannabis reduces opioid consumption.

Cannabis is opioid-sparing in chronic pain patients. When patients are given access to cannabis, they drop their opioid use by roughly 50%. This finding has been replicated several times from Ann Arbor to Jerusalem.

This opioid sparing effect is accompanied by an enhancement of cognitive function once patients begin cannabis therapy: this effect is most likely due to the fact that patients reduce their opioid use.

Cannabis use is associated with a reduction in not only opioid consumption, but also many other drugs including benzodiazepines, which also have a high incidence of fatal overdose. In states with medicinal cannabis laws, the number of prescriptions for analgesic and anxiolytic drugs (among others) are substantially reduced. Medicare and Medicaid prescription costs are substantially lower in states with cannabis laws.

Cannabis can prevent dose escalation and the development of opioid tolerance.

Cannabinoids and opioids have acute analgesic synergy. When opioids and cannabinoids are coadministered, they produce greater than additive analgesia. This suggests that analgesic dose of opioids is substantially lower for patients using cannabis therapy.

In chronic pain patients on opioid therapy, cannabis does not affect pharmacokinetics of opioids, yet it still enhances analgesia. This finding further supports a synergistic mechanism of action.

Pre-clinical models indicate that cannabinoids attenuate the development of opioid tolerance.

Cannabis, alone or in combination with opioids, could be a viable first-line analgesic.

The CDC has updated its recommendations in the spring of 2016, stating that most cases of chronic pain should be treated with non-opioids.

The National Academies of Science and Medicine recently conducted an exhaustive review of 10,000+ human studies published since 1999, definitively concluding that cannabis itself (not a specific cannabinoid or cannabis-derived molecule) is safe and effective for the treatment of chronic pain.

When 3,000 chronic pain patients were surveyed, they overwhelmingly preferred cannabis as an opioid alternative.

97% "strongly agreed/agreed" that they could decrease their opioid use when using cannabis.

92% "strongly agreed/agreed" that they prefer cannabis to treat their medical condition.

81% "strongly agreed/ agreed" that cannabis by itself was more effective than taking opioids.

Cannabis may be a viable tool in medication-assisted relapse prevention.

CBD is non-intoxicating, and is the 2nd most abundant cannabinoid found in cannabis. CBD alleviates the anxiety that leads to drug craving. In human pilot studies, CBD administration is sufficient to prevent heroin craving for at least 7 days.

Cannabis users are more likely to adhere to naltrexone maintenance for opioid dependence.

Mr. BLUMENAUER. There is a reason that up to 90 percent of the American public favors greater access to medical marijuana. Last year, voters in Florida approved their program by over 70 percent.

Mr. Speaker, the Federal Government continues to interfere, threatening medical marijuana programs, which requires Congress to step in to shield it, as we have done last year and for the previous 2 years. Unfortunately, the Rules Committee denied us a chance to vote on it.

Last Congress, both Houses approved measures for VA doctors to be able to consult with veterans who have a serious overdose problem. Despite passing both Chambers, it was stripped out and the Rules Committee failed to allow us to vote on this as well.

Most tragically, Congress continues to allow the Federal Government to have a stranglehold on research to be conducted to be able to definitely answer these questions.

I strongly urge my colleagues to join my friend, Dr. ANDY HARRIS, and me on our research bill, H.R. 3391. There is no reason that the Federal Government denies research to be able to definitively answer these questions.

I am tired of looking at the opioid damage in my State and around the country, and have Congress propose Band-aids when there is a simple, commonsense, widely accepted, and popular approach: allow people access to medical marijuana.

The time to do it is now. Lives are being lost as we dither.

NATIONAL BLUE RIBBON SCHOOLS AWARD

The SPEAKER pro tempore. The Chair recognizes the gentleman from New Jersey (Mr. LANCE) for 5 minutes.

Mr. LANCE. Mr. Speaker, I rise today in recognition of The Academy of Our Lady of Peace in New Providence, New Jersey, and the Woodland School in Warren, New Jersey, for being named Blue Ribbon Schools by the United States Department of Education.

New Providence is in Union County, and Warren is in Somerset County, New Jersey, both in the district I have the honor of representing.

The National Blue Ribbon Schools award honors public and private elementary, middle, and high schools where students perform at very high levels or where significant improvements are being made in levels of achievement.

The Academy of Our Lady of Peace and the Woodland School were cited as exemplary high-performing schools, as measured by State assessments and national tests.

This recognition is a testament to the outstanding work and dedication of the faculty and staff in creating schools where students master challenging content. These are among our youngest students, infectious in their enthusiasm because of the excellent schools they attend.

I commend Joel Castillo, principal of the Academy of Our Lady of Peace; and Jeffrey Heaney, principal of the Woodland School, for all of their hard work.

I also commend the faculty, parents, and the communities in general.

This prestigious award is noted throughout the country, and certainly the United States Department of Education is to be commended for presenting these awards.

The Academy of Our Lady of Peace and the Woodland School are proud examples of academic excellence and worthy of this national distinction.

ASSISTANCE FOR PUERTO RICO

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. GUTIÉRREZ) for 5 minutes.

Mr. GUTIÉRREZ. Mr. Speaker, a little over a month ago, Hurricane Irma struck the Caribbean island of St. Maarten very hard.

Within a couple of days, I got a call from loved ones of a couple of constituents. They had family members trapped at a hotel in St. Maarten with dozens of other Americans. The power was out, they were running out of food and water, and incidents of looting were reported. So they called me, their Congressman, and I called the State Department to see what could be done.

Within 36 hours of my call, our U.S. citizens—nearly 150 of them—were evacuated from an island, in the ocean, surrounded by water.

Do you know where they were taken to for safety?

Puerto Rico. Yes, Puerto Rico, where it has now been 3 weeks since Hurricane Maria and most people do not have power or clean drinking water, and where the deterioration of the healthcare system is leaving people without critical treatments and causing the death toll to go up.

Now, in St. Maarten, this is what the State Department said, according to NBC News: "Evacuation efforts will prioritize U.S. citizens needing urgent medical care."

Within a few days, they had evacuated 1,200 Americans.

So, right now, if a thousand U.S. citizens are facing danger in Japan, Ethiopia, or Finland, our State Department would arrange to save them. But we have millions of Americans facing danger in Puerto Rico and we can't get the same help, not from the military, not from FEMA, and not from the State Department, because they don't assist U.S. citizens who are on U.S. soil, even if that soil is a colony in the ocean surrounded by water, as our President reminds us.

It took 36 hours to get evacuated from St. Maarten. Three weeks in Puerto Rico and still no plan for evacuation.

This morning, the President is tweeting that he wants to pull FEMA and the military out of Puerto Rico.

How long do we have to stay in Puerto Rico, Mr. President?

Until every Puerto Rican's name is taken off the Vietnam Veterans Memorial Wall or erased from the records of the Korean war, Afghanistan, and Iraq.